

POSITION	ID NO.	DATE
CLASSIFIER	26	9/2/94
EXAMINER	340	3-7-94
TYPIST	3DCL	AS704
VERIFIER	WMO	09/09/94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date	
Final		
Original	2	
1 (1)	3	
2 2	3	
3 3	4	
4 4	5	
5 5	6	
6 6	7	
7 7	8	
8 8	9	
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49	50	

SYMBOLS

✓	Rejected
-	Allowed
- (Through number)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date	
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